## MULTIPLE DEPENDENT CLAIM SERIAL NO. 10,1568798 APPLICANT(S) FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER **AS FILED AFTER** AFTER AS FILED 'I" AMENDMENT 2 MAMENDMENT 1"AMENDMENT 2 <sup>™</sup> AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. TOTAL IND TOTAL DEP TOTAL DEP TOTAL TOTAL CLAIMS CLAIMS